



Office of Campaign and Political Finance

Please print or type all information, except signatures.

Greenfield

Beginning:

(MM/DD/YYYY)

October 18, 2019

(MM/DD/YYYY)

☐ 8th day preceding preliminary/primary

☒ 8th day preceding election

☐ 30th day following election (town or special)☐ 20th day of January (Year-End report)

1. I certify that I am a candidate for or currently hold Municipal Office.

2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.

3. I certify that I do not have a political committee.

[illegible]



Please print or type all information, except signatures.

Reporting Period: Beginning: 08/24/2019

(MM/DD/YYYY)

Ending: 10/18/2019

(MM/DD/YYYY)

☐ 8th day preceding preliminary/primary☒ 8th day preceding election☐ 30th day following election (town or special)☐ 20th day of January (Year-End report)

Pursuant to M.G.L. Chapter 55:

1. I certify that I am a candidate for or currently hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

[illegible]



Please print or type all information, except signatures.

GREENFIELD, MASS
2019 OCT 28 PM 3:27
OFFICE OF THE
CITY CLERK



Municipal Form

Please print or type all information, except signatures

(MM/DD/YYYY)

☐ 20th day of January (Year-End report)

2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.

3. I certify that I do not have a political committee.

[illegible]



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

GREENFIELD, MASS

2019 OCT 21 PM 3:54

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 7/23/19 Ending Date: 10/21/19

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Virginia DeSorgher
Candidate Full Name (if applicable)
City Council Precinct 3
Office Sought and District
43 Silvercrest Lane
Residential Address
E-mail: ginnydoll4@yahoo.com
Phone # (optional): 508-314 3774

Committee to Elect Virginia DeSorgher
Committee Name
Jacqueline Thibodeau
Name of Committee Treasurer
43 Silvercrest Lane
Committee Mailing Address
E-mail: jackiethib@comcast.net
Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

Line 2: Total receipts this period (page 3, line 11)

\$1,300.00

Line 3: Subtotal (line 1 plus line 2)

1,300.00

Line 4: Total expenditures this period (page 5, line 14)

1,133.48

Line 5: Ending Balance (line 3 minus line 4)

166.52

Line 6: Total in-kind contributions this period (page 6)

50.00

Line 7: Total (all) outstanding liabilities (page 7)

Line 8: Name of bank(s) used: Greenfield Savings Bank

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Jacqueline A Thibodeau (Treasurer's signature)

Date: 10/21/19

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Virginia DeSorgher (Candidate's signature)

Date: 10/21/19

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/17	Janice Adam 252 Davis St	100.00	
8/17	Rose Caoyette 29 Silver Crest Lane	50.00	
8/1	Marlon Carter 68 Silver Crest Lane	35.00	
7/31	David Chichester 72 Silver Crest Lane	100.00	
9/21	Mary Chicoine 254 Davis St	50.00	
7/31	Scott Devlin 4 Silver Crest Ln	50.00	
7/31	Linda Farrell 37 Silver Crest Ln	50.00	
7/26	Paula Farrell 18 Lillian St	100.00	
9/25	Elizabeth Fisk 8 Osgood St	75.00	
8/7	Wendy Fuller 8 Silver Crest Ln	25.00	
7/31	Patricia Harris 40 Silver Crest Ln	50.00	
8/1	Lynne Kelley 19 Silver Crest Ln	40.00	

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/19/19	East Coast Printing	2 Keith Way, Unit 5 Hingham MA 02043	door hangers button	363.28
8/15	Connolly Printing	178 Gill St Woburn MA 01801	poly coated signs	508.44
9/23	Copycat Print Shop	180 Main St Greenfield MA 01301	postcards	52.06
9/30	Virginia Desorgher	43 Silver Crest Ln Greenfield MA 01301	video feedback postage, copying	215.00
Line 12: Total Expenditures over \$50 (or listed above)				1133.48
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1133.48

Enter on page 1, line 4 →

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/1	Mary Middlebrook 23 Silver Crest Circle	40.00	
9/27	Mary Middlebrook 23 Silver Crest Circle	60.00	
8/1	Joan Milnes 42 Silver Crest Ln	50.00	
8/2	Anne Miglak 9 Silver Crest Ln	50.00	
7/29	Marion Roman 41 Silver Crest Ln	25.00	
7/28	Marcia Schuhle 7 Silver Crest Ln	100.00	
9/24	Fern Smith 24 Vernon St	50.00	
8/1	Nancy Smith 49 Silver Crest Ln	25.00	
7/27	Jacqueline Thibodeau 13 Silver Crest Ln	50.00	
8/6	Suzanne Tromara 71 Silver Crest Lane	25.00	
8/2	Patricia Valiton 5 Silver Crest Ln	50.00	
7/27	Diana Weaver 48 Silver Crest Ln	50.00	
Line 9: Total Receipts over \$50 (or listed above)		\$400.00	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$1,300.00	← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

1998

Enter on page 1, line 4 →

Page 5



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

QUINCY, MASS

2019 OCT 28 AM 10:13

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

8/24/19

Ending Date:

10/18/19

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

MICHAEL TEROUNZO

Candidate Full Name (if applicable)

COUNCILOR AT LARGE

Office Sought and District

171 LOG PLAIN RD

Residential Address

E-mail: JAGR13 MIKE@YAHOO.COM

Phone # (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0.00

Line 2: Total receipts this period (page 3, line 11)

374.00

Line 3: Subtotal (line 1 plus line 2)

374.00

Line 4: Total expenditures this period (page 5, line 14)

374.00

Line 5: Ending Balance (line 3 minus line 4)

0.00

Line 6: Total in-kind contributions this period (page 6)

Line 7: Total (all) outstanding liabilities (page 7)

Line 8: Name of bank(s) used:

CHASE

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Treasurer's signature)

Date:

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Candidate's signature)

Date:

10/25/19

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/28/19	MICHAEL TERONZO 171 LOC PLAIN RD GREENFIELD MA 01301	374. ⁰⁰	SELF EMPLOYED LANDSLAPER
Line 9: Total Receipts over \$50 (or listed above)		374. ⁰⁰	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		374.⁰⁰	← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receipts over \$50 (or listed above)			← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
8/28/19	JUSTYARDSIGNS.COM	ONLINE COMPANY FLORIDA	YARD SIGNS	374. ⁰⁰
			Line 12: Total Expenditures over \$50 (or listed above)	374. ⁰⁰
			Line 13: Total Expenditures \$50 and under* (not listed above)	
Enter on page 1, line 4 →			Line 14: TOTAL EXPENDITURES IN THE PERIOD	374. ⁰⁰

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued)[illegible]

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

[illegible]

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →		Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)		



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

GREENFIELD, MASS

2019 NOV -7 AM 10:18

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

Aug. 24 2019

Ending Date:

Oct. 18 2019.

Type of Report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

Edward F Jarvis

Candidate Full Name (if applicable)

City Councilor Precinct 1

Office Sought and District

16 Plantation Circle Greenfield Ma.

Residential Address

E-mail: jback74@comcast.net

Phone # (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

Line 2: Total receipts this period (page 3, line 11)

466.17

Line 3: Subtotal (line 1 plus line 2)

466.17

Line 4: Total expenditures this period (page 5, line 14)

466.17

Line 5: Ending Balance (line 3 minus line 4)

0

Line 6: Total in-kind contributions this period (page 6)

0

Line 7: Total (all) outstanding liabilities (page 7)

0

Line 8: Name of bank(s) used:

N/A

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Treasurer's signature)

Date:

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the committee

☐

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

☒

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Candidate's signature)

Date: 10/13/2019

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

[illegible]

Line 9: Total Receipts over \$50 (or listed above)

4/66.17

Line 10: Total Receipts \$50 and under* (not listed above)

12/19.

Line 11: TOTAL RECEIPTS IN THE PERIOD

466.17

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE A: RECEIPTS (continued)[illegible]

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

August 26, 2019**BuildASign.com****- \$466.17**

Payment - PayPal Credit

Paid with

PayPal Credit

Seller info

800-330-9622

Ship to

EDWARD F JARVIS
76 PLANTATION CIR
GREENFIELD, MA 01301-9736
United States

Purchase details

18" x 24" Corrugated Plastic (Qty
100) \$438.00

Category

Retail

Item #22188492

Transaction ID

6LG80569K3778552V

PayPal Reconciliation - Rounding \$0.75

Error

Item #0

Amount \$438.75

Tax \$27.42

Total \$466.17**Need help?**If there's a problem, make sure to contact the seller through PayPal by **February 22, 2020**.[HELP](#) [CONTACT US](#) [SECURITY](#) [FEES](#)



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/3/2019 Ending Date: 10/18/2019

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Deborah Richards

Candidate Full Name (if applicable)

Greenfield MA City Councilor Precinct 1

Office Sought and District

431 Green River Road, Greenfield, MA 01301

Residential Address

E-mail: debbieforgreenfield@gmail.com

Phone # (optional): 413-376-5828

Committee to Elect Debbie Richards

Committee Name

Rachel Gordon

Name of Committee Treasurer

431 Green River Road

Committee Mailing Address

E-mail: debbieforgreenfield@gmail.com

Phone # (optional): 413-376-5828

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>1501.04</u>
Line 3: Subtotal (line 1 plus line 2)	<u>1501.04</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>649.96</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>851.08</u>
Line 6: Total in-kind contributions this period (page 6)	<u>\$38.25</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>Greenfield Savings Bank</u>

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Treasurer's signature)

Date: 10/28/19

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature)

Date: 10/28/19

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/10/2019	Michael Barnard, 252 Log Plain Rd., Greenfield, MA 01301	100	Programmer/Mount Holyoke College
10/8/2019	Mary Chicoine, 254 Davis St., Greenfield, MA 01301	100	not employed
10/7/2019	Joyce Follet, 41 Hendrick Rd., Cummington MA 01026	100	Historian/Smith College
10/11/2019	Mark Maloni, 239 Green River Road, Greenfield, MA 01301	50	Regional planner, FRCOG
10/10/2019	Samantha McIvers, 10 Carol Lane, Greenfield, MA 01301	100	Education/self employed
10/4/2019	Anne Richards, 884 Valleywood Dr, Salem, OR 97306	200	Retired
10/5/2019	Deborah Richards, 431 Green River Road, Greenfield, MA 01301 (loan)	130.16	Archivist/Mount Holyoke College
10/9/2019	Deborah Richards, 431 Green River Road, Greenfield, MA 01301 (loan)	220.72	Archivist/Mount Holyoke College
10/15/2019	Deborah Richards, 431 Green River Road, Greenfield, MA 01301 (loan)	215.16	Archivist/Mount Holyoke College
10/10/2019	Larry Richards, 1751 SW Bridlewood Dr., Dallas, OR 97338	100	Retired
Line 9: Total Receipts over \$50 (or listed above)		1316.04	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		185	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1501.04	

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/5/2019	Collective Copies	11 S. Pleasant St., Amherst, MA 01002	campaign literature	130.16
10/11/2019	Collective Copies	11 S. Pleasant St., Amherst, MA 01002	campaign literature	215.16
10/3/2019	GoDaddy Operating Cooperating	GoDaddy.com	domain registration	10.17
10/15/2019	Greenfield Savings Bank	Greenfield, MA	start bank account	10
10/9/2019	Potter's Printing	822 Eastern Ave., Fall River, MA 02723	lawn signs	220.75
10/3/2019	WordPress.com	WordPress.com	web services	63.75
Line 12: Total Expenditures over \$50 (or listed above)				649.96
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				649.96

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued)[illegible]

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
10/4/2019	Sheila Gilmour	134 High St., Greenfield, MA 01301	photocopies	38.25
		Line 15: In-Kind Contributions over \$50 (or listed above)		38.25
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
Enter on page 1, line 6 →		Line 17: TOTAL IN-KIND CONTRIBUTIONS		38.25

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →		Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)		



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts
2018 OCT 28 PM 4:09

File with: City or Town Clerk or Election Commission

File in Reporting Period dates:

Beginning Date:

7/31/19

Ending Date:

10/28/19

Type of Report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

E-mail:

Phone # (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

Line 2: Total receipts this period (page 3, line 11)

Line 3: Subtotal (line 1 plus line 2)

Line 4: Total expenditures this period (page 5, line 14)

Line 5: Ending Balance (line 3 minus line 4)

Line 6: Total in-kind contributions this period (page 6)

Line 7: Total (all) outstanding liabilities (page 7)

Line 8: Name of bank(s) used:

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Treasurer's signature)

Date: 10/28/19

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Candidate's signature)

Date:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
7/8/19	ADAM, STEVEN 252 DAVID ST ADAM, JAN GREENFIELD, MA 01301	100.00	RETIRED
9/18/19	BEWSON, WILLIAM 52 GRINNELL ST GREENFIELD, MA 01301	100.00	GOVT AFFAIRS COORDINATOR SERVICENET
10/7/19	BEWSON, WILLIAM 52 GRINNELL ST GREENFIELD, MA 01301	100.00	GOVT AFFAIRS COORDINATOR SERVICENET
10/7/19	BOLIN, ED 200 RICHARD ST GREENFIELD MA 01301	100.00	N/A
7/24/19 10/16/19	BETE, CHANNING 75 MEADOW WOOD DRIVE BETE, MARIE GREENFIELD, MA 01301	1000.00 2000.00 3000.00	RETIRED FORMER DIRECTOR CHANNING BETE RETIRED
10/16/19	BESON, MARK 636 BROADMOUTH RD GREENFIELD, MA 01301	200.00	ATTORNEY MARK I. BESON
10/14/19	BOWMAN, SUAN 83 FRANKLIN ST GREENFIELD MA 01301	100.00	N/A
10/7/19	BOYD, ELEN 217 GREEN RIVER RD GREENFIELD, MA 01301	250.00	LIBRARY DIRECTOR GREENFIELD PUBLIC LIBRARY
10/14/19	BROWN, PETE 24 JAMES ST. GREENFIELD, MA 01301	250.00	DIRECTOR OF TECHNOLOGY GLOBAL EDUCATION
7/24/19	CUNNEY, DOLLY 120 LEYDEN RD GREENFIELD MA 01301	1000.00	RETIRED
9/18/19	FOURNIER, MARY 250 VILLAGE RD SHELBURNE, MA	100.00	N/A
8/8/19	GEISHAM, JAMES 164 E CLEVELAND ST GREENFIELD, MA 01301	1000.00	RETIRED
Line 9: Total Receipts over \$50 (or listed above)		6,300.00	
Line 10: Total Receipts \$50 and under* (not listed above)		1,026.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		SEE NEXT PAGE 11,426	← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/16/19	HAZARD, NANCY 30 SPRING TERRACE GREENFIELD, MA 01301	1,500.00	RETIRED
10/17/19	HIRSCHFELD, INCEMAN 41 MADISON LANE GREENFIELD MA	100.00	N/A
8/8/19	HOWLAND, JOHN PO BOX 1234 GREENFIELD, MA 01302	200.00	PRESIDENT/CEO GREENFIELD SAVINGS BANK
10/16/19	HOWLAND, JOHN PO BOX 1234 GREENFIELD, MA 01302	250.00	PRESIDENT/CEO GREENFIELD SAVINGS BANK
7/10/19	LARABEE, KAREN 24 ORCHARD ACRES GREENFIELD, MA	1000.00	FUNERAL COORDINATOR KOSTANSKI FUNERAL HOME
10/17/19	MITCHELL, IRA 621 BERNARDSTON RD GREENFIELD, MA 01301	100.00	N/A
10/16/19	ROBB, BRIAN, W/STY 28 PROSPECT AVE GREENFIELD, MA 01301	150.00	N/A
10/7/19	RUGGIERO, JOSEPH 613 BERNARDSTON RD GREENFIELD, MA 01301	225.00	ROUGIERO REAL ESTATE SELF EMPLOYED/REALTOR
10/7/19	SHIPMAN, NICK 27 MADISON CIRCLE GREENFIELD, MA 01301	75.00	N/A
10/7/19	SINGER, DAVID 41 GRUNDY ST GREENFIELD MA 01301	500.00	ATTORNEY DAVID SINGER, ESQ
Line 9: Total Receipts over \$50 (or listed above) 6300 PG 1 +		4,100	10,400
Line 10: Total Receipts \$50 and under* (not listed above)		1,026.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		11,426	← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/17/19	ADAMS DIRECT MAIL SERVICES	99 ELM ST, GREENFIELD, MA 01301	POSTAGE FOR MAILERS	1,364.65
10/18/19	ADAMS DIRECT MAIL SERVICES	99 ELM STREET GREENFIELD, MA 01301	SERVICES FOR MAILBOX	1,171.98
9/25/19	DOWNUM DRAKE, EDITH	245 CONANT ST. GREENFIELD MA 01301	REIMBURSEMENT FOR PARADE SUPPLIES, DESIGNS, BANNERS	124.27
8/8/19	FCAS	89 WILSON WAY GREENFIELD, MA 01301	PARADE REGISTRATION	150.00
8/8/19	JERED REED ASSOC. LLC	289 MAIN ST. GREENFIELD MA 01301	HAWKES AND REED ROOM RENTAL	200.00
9/5/19	LOWST PRESS INC	736 GREENFIELD RD DEERFIELD, MA 01822	500 LAWN SIGNS	1,986.80
10/2/19	LOWST PRESS INC	736 GREENFIELD RD DEERFIELD, MA 01822	250 LAWN SIGNS	1,274.97
8/17/19	MAGPHE	21 BANK ROW GREENFIELD, MA 01301	PIZZA HAWKES AND REED EVENT	100.00
9/18/19	ROBERTS, RACHEL	52 MADISON CIRCLE GREENFIELD, MA 01301	VOTING DATABASE CONSULTING WORK	500.00
10/18/19	ROBERTS, RACHEL	52 MADISON CIRCLE GREENFIELD, MA 01301	REIMBURSEMENT FOR DOOR HANDERS.	427.65
9/5/19	ROBERTS, RACHEL	52 MADISON CIRCLE GREENFIELD, MA 01301	REIMBURSEMENT FOR STICKERS/BJS CANDY FOR PARADE	174.34 + 101.50 275.84
10/18/19	ROBERTS, RACHEL	52 MADISON CIRCLE GREENFIELD, MA 01301	REIMBURSEMENT FOR STICKERS	134.00
Line 12: Total Expenditures over \$50 (or listed above)				9,350.74
Line 13: Total Expenditures \$50 and under* (not listed above)				223.60
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				9,574.34

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
7/18/19	USPS	442 MAIN ST. GREENFIELD, MA 01301	PO BOX RENTAL	53.00
8/17/19	VILLAGE PIZZA	42 BANK ROW GREENFIELD, MA 01301	PIZZA FOR HAWKSTILED EVENT	100.00
10/16/19	WHA1	81 WOODBURY RD GREENFIELD, MA 01301	RADIO ADS	810.00
10/16/19	W1ZZ	PO BOX 983 GREENFIELD MA 01302	RADIO ADS	390.00
10/16/19	WRS1	100 MAIN ST NORTHAMPTON, MA 01060	RADIO ADS	487.50
Line 12: Expenditures over \$50 (or listed above)				9,550.74
Line 13: Expenditures \$50 and under* (not listed above)				223.60
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				9,774.34

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
7/3/19	ADAM, STEVE	252 DAVIS STREET GREENFIELD, MA 01301	GODADDY DOMAIN WEBSITE	132.97
8/7/19	MARGIE	21 BANK ROW GREENFIELD, MA 01301	PIZZA FOR HAWKES AND REED KICKOFF	150.00
8/7/19	VILLAGE PIZZA	42 BANK ROW GREENFIELD, MA 01301	PIZZA FOR HAWKES AND REED KICKOFF	150.00
Line 15: In-Kind Contributions over \$50 (or listed above)				432.97
Line 16: In-Kind Contributions \$50 & under (not listed above)				—
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				432.97

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
11/14				
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	0



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2019 OCT 28 AM 11:04

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

8/27/2019

Ending Date:

10/18/2019

Type of Report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

JOHN BOTTOMLEY

Candidate Full Name (if applicable)

PRECINCT 4 COUNCILOR

Office Sought and District

63 HAYWOOD ST, GREENFIELD, MA 01301

Residential Address

E-mail: MARYC7700@YAHOO.COM

Phone # (optional):

COMMITTEE TO ELECT JOHN BOTTOMLEY

PRECINCT 4 Committee Name COUNCILOR

MARY CHICONE

Name of Committee Treasurer

254 DAVIS ST GREENFIELD, MA 01301

Committee Mailing Address

E-mail: MARYC7700@YAHOO.COM

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

\$ 379.29

Line 2: Total receipts this period (page 3, line 11)

0

Line 3: Subtotal (line 1 plus line 2)

\$ 379.29

Line 4: Total expenditures this period (page 5, line 14)

\$ 281.59

Line 5: Ending Balance (line 3 minus line 4)

\$ 97.70

Line 6: Total in-kind contributions this period (page 6)

0

Line 7: Total (all) outstanding liabilities (page 7)

0

Line 8: Name of bank(s) used:

GREENFIELD SAVINGS BANK

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Mary Chicone

(Treasurer's signature)

Date: 10/27/2019

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

John R Bottomley

(Candidate's signature)

Date: 10/28/2019

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receipts over \$50 (or listed above)		0	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		0	

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receipts over \$50 (or listed above)			← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
9/17/2019	BLUE DEAL	415 ANNADALE RD SUITE 105 ANNADALE, VA 22003	CAMPAIGN SIGNS	\$281.59
Line 12: Total Expenditures over \$50 (or listed above)			\$281.59	
Line 13: Total Expenditures \$50 and under* (not listed above)			/	
Line 14: TOTAL EXPENDITURES IN THE PERIOD			\$281.59	

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued)[illegible]

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

[illegible]

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	0



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

GREENFIELD, MASS

2019 OCT 28 AM 8:57
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 9/1/2019 Ending Date: 10/28

OFFICE OF THE
CITY CLERK

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Philip W. Elmer

Candidate Full Name (if applicable)

City Council at large

Office Sought and District

28 Chestnut Hill

Residential Address

E-mail: ped@mac.com

Phone # (optional): 347-404-0090

Citizens for Phil Elmer

Committee Name

Christopher Sikes

Name of Committee Treasurer

28 Chestnut Hill

Committee Mailing Address

E-mail: ped@mac.com

Phone # (optional): 413-265-9167

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

Line 2: Total receipts this period (page 3, line 11)

1350.37

Line 3: Subtotal (line 1 plus line 2)

1350.37

Line 4: Total expenditures this period (page 5, line 14)

1350.37

Line 5: Ending Balance (line 3 minus line 4)

0

Line 6: Total in-kind contributions this period (page 6)

Line 7: Total (all) outstanding liabilities (page 7)

Line 8: Name of bank(s) used: TD Bank

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Christopher Sikes

(Treasurer's signature)

Date: 10/27/19

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

[Signature]

(Candidate's signature)

Date: 10/27/19

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/24/2019	Greenfield Democratic Town Committee, 1 Elm Terrace	50	
10/27/2019	Philip Elmer	1300.37	Journalist, Apple 3.0
Line 9: Total Receipts over \$50 (or listed above)		1350.37	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		1350.37	

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receipts over \$50 (or listed above)			← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
9/3/19	WHA1	81 Woodward St. Greenfield	40 15-second ads	450
10/24/19	WHA1	81 Woodward St. Greenfield	90 30-second ads	810
			Line 12: Total Expenditures over \$50 (or listed above)	1260.00
			Line 13: Total Expenditures \$50 and under* (not listed above)	90.37
Enter on page 1, line 4 →			Line 14: TOTAL EXPENDITURES IN THE PERIOD	1350.37

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued)[illegible]

Line 12: Expenditures over \$50 (or listed above)

Line 13: Expenditures \$50 and under* (not listed above)

Enter on page 1, line 4 →

Line 14: TOTAL EXPENDITURES IN THE PERIOD

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

[illegible]

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →		Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)		



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

GREENFIELD, MASS

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

Sept 1, 2019

Ending Date:

2019 NOV 27 AM 9:52
Nov 27, 2019

Type of Report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☒ 30 day after election

☐ year-end report

☐ dissolution

OFFICE OF THE
CITY CLERK

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

E-mail:

Phone # (optional):

Greenfield CPR-PAC

Committee Name

DAVID Cohen

Name of Committee Treasurer

FCCPR PO BOX 216 Gnfld Ma 01302

Committee Mailing Address

E-mail:

info @ FCCPR.us

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

497.77

Line 2: Total receipts this period (page 3, line 11)

685.00

Line 3: Subtotal (line 1 plus line 2)

1182.77

Line 4: Total expenditures this period (page 5, line 14)

923.08

Line 5: Ending Balance (line 3 minus line 4)

259.69

Line 6: Total in-kind contributions this period (page 6)

Line 7: Total (all) outstanding liabilities (page 7)

Line 8: Name of bank(s) used:

Greenfield SAVINGS BANK

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

David J Cohen

(Treasurer's signature)

Date: 11/27/19

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee



I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee



I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Candidate's signature)

Date:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/21/19	DAVID COLTEN 335 Greenfield Rd Greenfield Ma 01301	100.00	Retired
10/24/19	Mike Fadel 24 Franklin St Greenfield Ma 01301	50.00	
11/7/19	DAVID Greenberg 227 W. Leyden Rd Colrain, Ma 01341	115.00	Retired
4/16/19 10/21/19	Peter Williams 147 DAVIS ST Greenfield Ma 01301	300.00	Retired
10/21/19	Susan Wargattik 45 Forest Ave Greenfield Ma 01301	100.00	Retired

Line 9: Total Receipts over \$50 (or listed above)

665.00

Line 10: Total Receipts \$50 and under* (not listed above)

20.00

Line 11: TOTAL RECEIPTS IN THE PERIOD

685.00

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)[illegible]

Line 9: Total Receipts over \$50 (or listed above)

665.00

Line 10: Total Receipts \$50 and under* (not listed above)

20.00

Line 11: TOTAL RECEIPTS IN THE PERIOD

625.00

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

[illegible]

Line 12: Total Expenditures over \$50 (or listed above)

923,08

Line 13: Total Expenditures \$50 and under* (not listed above)

Enter on page 1, line 4 →

Line 14: TOTAL EXPENDITURES IN THE PERIOD

923.08

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued)[illegible]

Line 12: Expenditures over \$50 (or listed above)

923,0 €

Line 13: Expenditures \$50 and under* (not listed above)

Number of items	Percentage of correct responses
10	65
20	70
30	75
40	78
50	80
60	82
70	83
80	84
90	85
100	85

Enter on page 1, line 4 →

Line 14: TOTAL EXPENDITURES IN THE PERIOD

923.68

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

[illegible]

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

GREENFIELD, MASS

NOV -1 AM 9:33

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

8-24-19

Ending Date:

10-18-19

Type of Report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

James Francis Henry

Candidate Full Name (if applicable)

City Council At Large

Office Sought and District

13 Pierce St. Greenfield

Residential Address

E-mail: JamesHenry@gmail.com

Phone # (optional): (352) 462-8019

Committee Name

Ruth Ellen M. Henry

Name of Committee Treasurer

13 Pierce St Greenfield

Committee Mailing Address

E-mail: ruthieh@comcast.net

Phone # (optional): 413 773-7466

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

Line 2: Total receipts this period (page 3, line 11)

351.00

Line 3: Subtotal (line 1 plus line 2)

351.10

Line 4: Total expenditures this period (page 5, line 14)

351.10

Line 5: Ending Balance (line 3 minus line 4)

0

Line 6: Total in-kind contributions this period (page 6)

Line 7: Total (all) outstanding liabilities (page 7)

Line 8: Name of bank(s) used:

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Treasurer's signature)

Date:

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Candidate's signature)

Date: 10/31/19

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/26	James F. Henry	351.10	Community Organizer Tom Steyer for President
Line 9: Total Receipts over \$50 (or listed above)			← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receipts over \$50 (or listed above)		351.10	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		351.10	← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/26	Sigsonthecheap.com	11525A Stogeholm Drive Austin, Texas	Signs	351.10
			Line 12: Total Expenditures over \$50 (or listed above)	
			Line 13: Total Expenditures \$50 and under* (not listed above)	
Enter on page 1, line 4 →			Line 14: TOTAL EXPENDITURES IN THE PERIOD	

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued)[illegible]

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

[illegible]

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →				Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

